

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA E-FILE  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008355

Name and Mailing Address

0017199 01 FP 0.352 \*\*PRSR T3 0 0615 34481

EMERALD OAK LAND HOLDINGS, LLC  
8720 SW SR 200  
OCALA FL 34481



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/24/2001	
Principal Place of Business 8720 SW SR 200 5 OCALA FL 34481	3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent TROW, CHESTER J 1 NE FIRST AVE. SUITE 303 OCALA FL 34470		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900025760249 12/26/03--01004--004 **150.00 City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>SIGNATURE REQUIRED</u> Date <u>10/30/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RIZZO, VICTOR P	8720 SW SR 200	OCALA FL 34481
MGR	RIZZO, JOAN	10442 SW 52ND COURT	OCALA FL 34478
REINSTATEMENT 03			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager <u>SIGNATURE REQUIRED</u> Date <u>12/22/03</u> Daytime Phone # <u>352-237-3335</u>			
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)